Application For Automobile Graveyard and */or* Junkyard Permit

Tentative Date of Hearing	Application Received
Time of Hearing	Permit No.
Place of Hearing	Fee Paid \$
Notifications sent by	Date
To the Town of Frankfort, Waldo County Maine	
I/We hereby make appli- operate or maintain an Automobile Graveyard and/or Junky accordance with the Title 30, MRSA, Sections 2451-B to 24	vard at the following described location and in
1. Give location of Automobile Graveyard and/or Junkyard	
2. Is this application made by or for a company, partnership	o, corporation or individual? Circle one.
3. Is this property leased? Property owned by Address:	
4.How is "yard" screened ? Fence? (Type)Height Hill Other?	Trees? (Type) berm? Gully?
5.How far is edge of "yard" from center of highway?	Feet
6. Can junk be seen from any part of highway?Yes No	٥
7. Was Junkyard Law, Requirements and Fees explained to	you? YesNo
8. Is any portion of this "yard" on public property? Yes	No
9. Is "yard" within 300 feet of a Public Park, Public Playgro	ound, Public Bathing Beach, School,
Church or Cemetery? Yes No	
10. When was "yard" established	By whom?
11. When was last permit issued?	To whom
The undersigned certifies that the above information is true he/she is the owner or agent of the property or that he/she h receive the permit under the law.	
Signed by: Individual	For: Name of Company, Corporation, Partnership,

Make and attach a complete sketch of "yard." Show footage all sides and location in relationship to adjacent properties. Show distance (in feet) from edge of "yard" to center of highway. Fill the name of nearest Street in each direction. Distance from nearest intersection, bridge or other known reference point.

 Tax Account Number;
 ______ Tax Map Number_____ Lot Number _____ Other

 Identification ______

Zone _____ Classification _____ Indicate on the top of sketch the direction _ N _ E _ S _ W.